

ASSURANCE OF CONFIDENTIALITY

Flip Code:		Date of Request:	
Worker Assigned:		Date Information Disclosed:	
		Date Client Notified:	

Name of Client: _____
Address: _____

Telephone: _____
Person making request: _____
Purpose for which information is requested: _____

The undersigned agree to use the information obtained pursuant to Section 63.2-1600 through 1610 of the Code of Virginia only for the purpose for which it is made available and to hold the information confidential except to the extent that disclosure is required by law.

(Signature)

(Agency)

(Date)